

Improving the Public's Health in NH



Moving from assessment to
planning and improvement

February 3, 2006



Purpose of Today's Presentation

- Share Process and Results of the NH National Public Health Performance Standards Assessment
- Give advisory committee members a common framework for moving from assessment to improvement



Assessment of the National Public Health Performance Standards

October 11th and 12th 2005

- 110 in attendance
- Highly engaged participants
- Strong commitment to continued participation
- Excellent networking opportunity
- Strong message to keep momentum
- Need for excellent communication
- Involve partners outside DPHS

Assessment Instruments

- State public health system
- Local public health system
- Local governance



Partners

- CDC
- APHA
- ASTHO
- NACCHO
- NALBOH
- NNPHI
- PHF

History of the NPHPSP

- Began in 1998
- Practice-driven development by ASTHO, NACCHO and NALBOH Work Groups
- Comprehensive field testing
- Released in July 2002





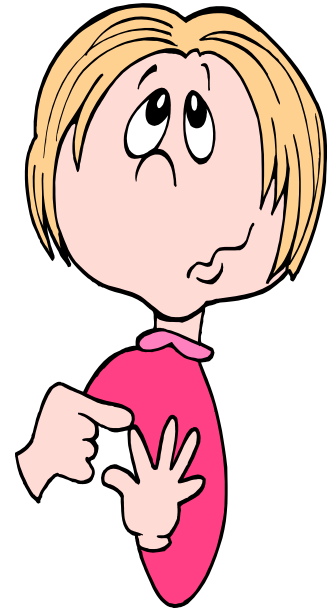
NPHPS Program Vision and Goals

To improve the quality of public health practice and performance of public health systems by:

1. Providing performance standards for public health systems and encouraging their widespread use;
2. Engaging and leveraging national, state, and local partnerships to build a stronger foundation for public health preparedness;
3. Promoting continuous quality improvement of public health systems; and
4. Strengthening the science base for public health practice improvement.

Four Concepts Applied in NPHPSP

1. Based on the ten Essential Public Health Services
2. Focus on the overall public health system
3. Describe an optimal level of performance
4. Support a process of quality improvement





1. The Essential Services as a Framework

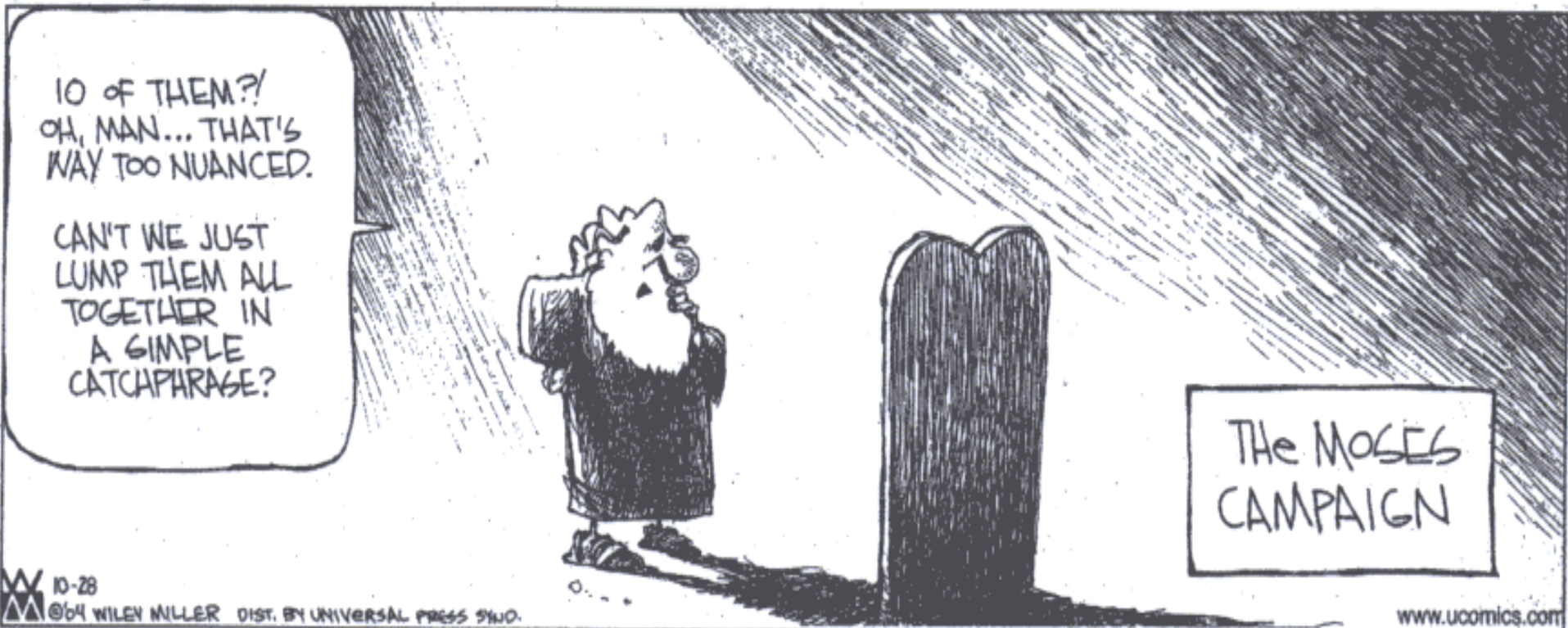
- Provides a foundation for any public health activity
- Describes public health at both the state and local levels
- Instruments include sections addressing each ES
- Helps us assess how prepared we are to carry out our key public health roles



The Essential Public Health Services

1. Monitor health status
2. Diagnose and investigate health problems
3. Inform, educate and empower people
4. Mobilize communities to address health problems
5. Develop policies and plans
6. Enforce laws and regulations
7. Link people to needed health services
8. Assure a competent workforce - public health and personal care
9. Evaluate health services
10. Conduct research for new innovations

NON SEQUITUR WILEY





Roles of Public Health

- Responds to emergencies and assists communities in recovery
- Prevents epidemics and the spread of disease
- Protects against environmental hazards
- Prevents injuries
- Promotes and encourages healthy behaviors
- Assures the quality of and access to health services

How do the ES relate to public health initiatives?

- Let's look at preventing teenage smoking...



- ES 3 Informing, Educating, Empowering
- ES 4 Mobilizing community partnerships
- ES 6 Enforce Laws and Regulations

2. Focus on the “System”

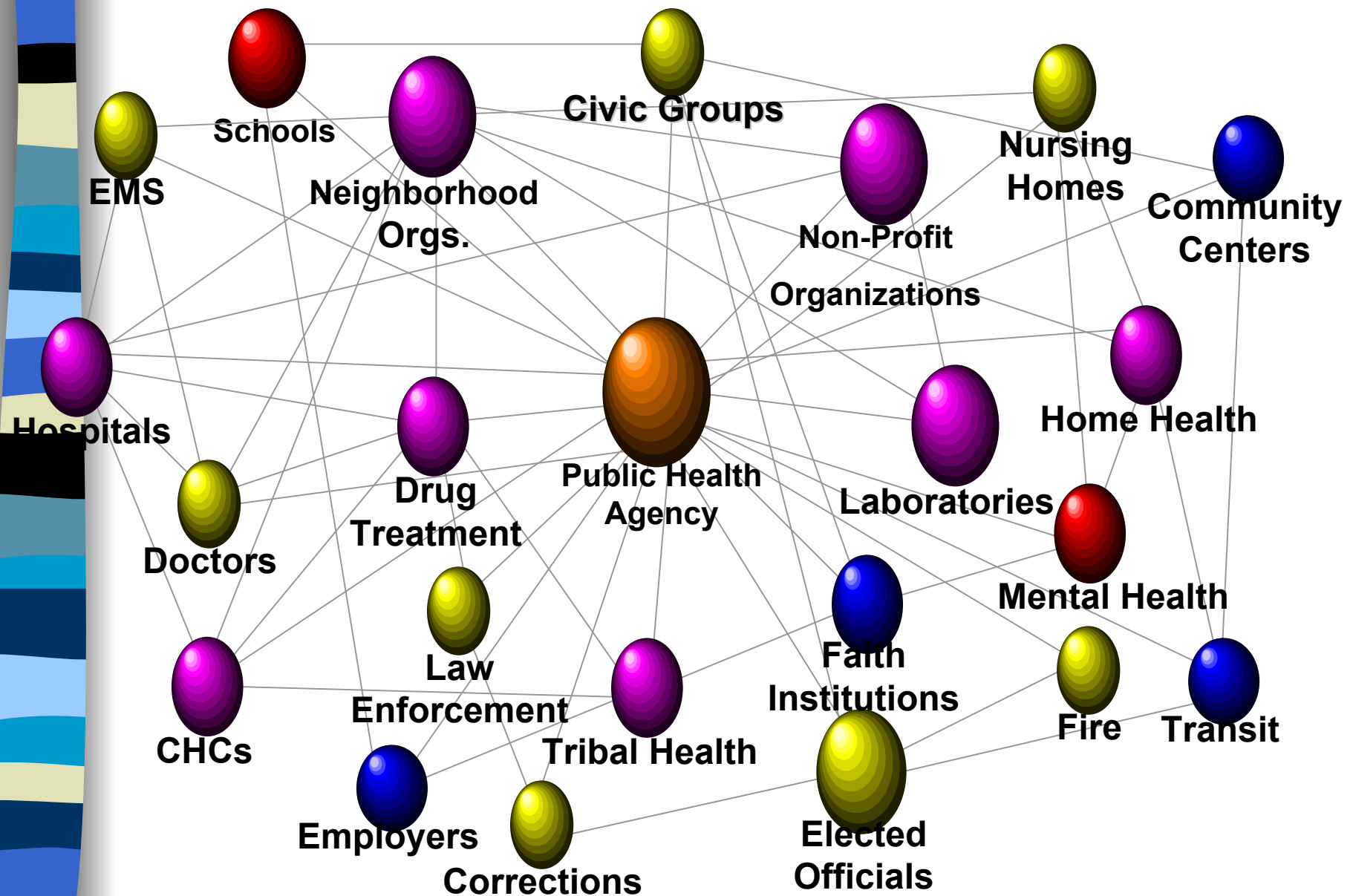
More than just the public health agency

“Public health system”

- All public, private, and voluntary entities that contribute to public health in a given area.
- A network of entities with differing roles, relationships, and interactions.
- All entities contribute to the health and well-being of the community.



Public Health System



3 Optimal Level of Performance

- Each performance standard represents the “gold standard”
- Provide benchmarks to which state and local systems can strive to achieve
- Stimulate higher achievement



4. Stimulate Quality Improvement (we are here!)

- Standards should result in identification of areas for improvement
- Link results to an improvement process
- NPHPSP Local Instrument - used within the MAPP planning process





The assessment process

- Participants divided into 5 groups
- Each group reviewed the questions related to 2 essential services
- Scored the questions
- Listed what is being done for each ES
- Listed strengths, weaknesses, recommendations for each ES



Voter's Guide to Scoring

Voter's Guide Scoring

Yes 76% - 100 %

of the activity described within the question is met within the state public health system (*in other words, we may not have a 100% optimal system related to the question, but we do have a very high level of system-wide functioning related to the question*)

High Partially: 51% - 75 %

of the activity described within the question is met within the state public health system (*in other words, we have a good system-wide effort going on related to the question, but we still have a way to go to meet the standard*)

Low Partially: 26 % - 50 %

of the activity described within the question is met within the state public health system (*in other words, we have some activities going on related to the question, but not we have a substantial amount of work to do to meet the standard*)

No: ≤ 25 %

of the activity described within the question is met within the state public health system (*in other words, we may have a few activities going on related to the question, but they are minimal*)

Need to discuss



Sample Questions

■ ES 6 – Enforcement

- Does the SPHS assure that enforcement training courses are available to enforcement personnel?

ES 8 – Workforce

Does the SPHS assess workforce needs to deliver population-based and personal health services in the state?

By – defining required qualifications for the workforce



Some Caveats on the Process

- While a standardized process- results are self-reported
- Reflect the composition and dynamics of the group
- All the right players may not have been at the table



But the value remains

- Provides a standardized means of assessing the public health system
- Without the assessment the right questions may not be asked
- There is value in the process itself, discussion, networking, sharing of information
- It is a tool that can help set priorities



Overall Score NH – 36

(National average 15 states and 1 tribe – 44)

High Performing EPHS

- ES 2 Diagnose & Investigate
- ES 6 Enforce Laws & Regs
- ES 1 Monitor Health Status

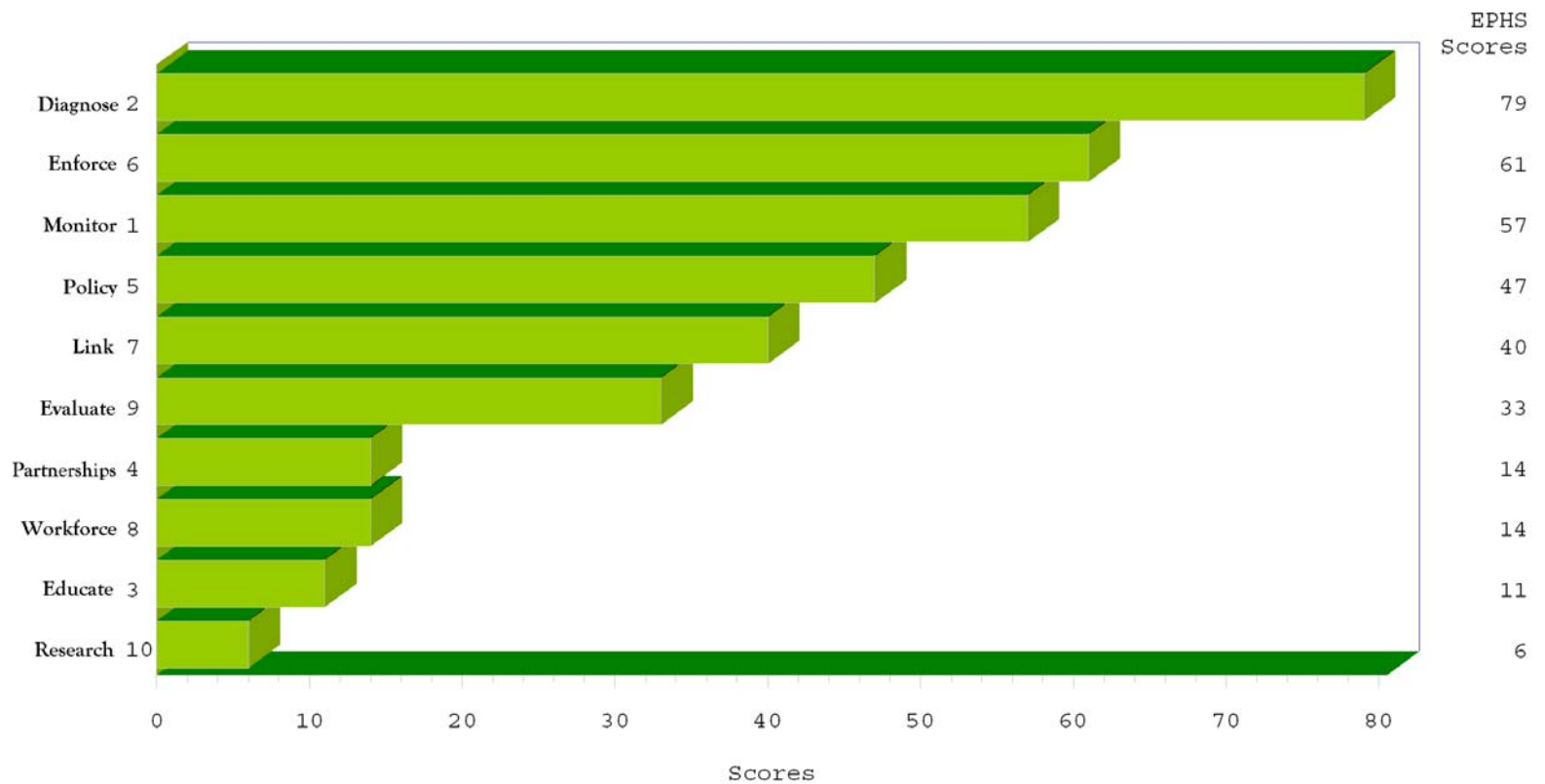
Low Performing EPHS

- ES 10 Research Insights
- ES 3 Inform & Educate
- ES 8 Workforce
- ES 4 Mobilize Partnerships

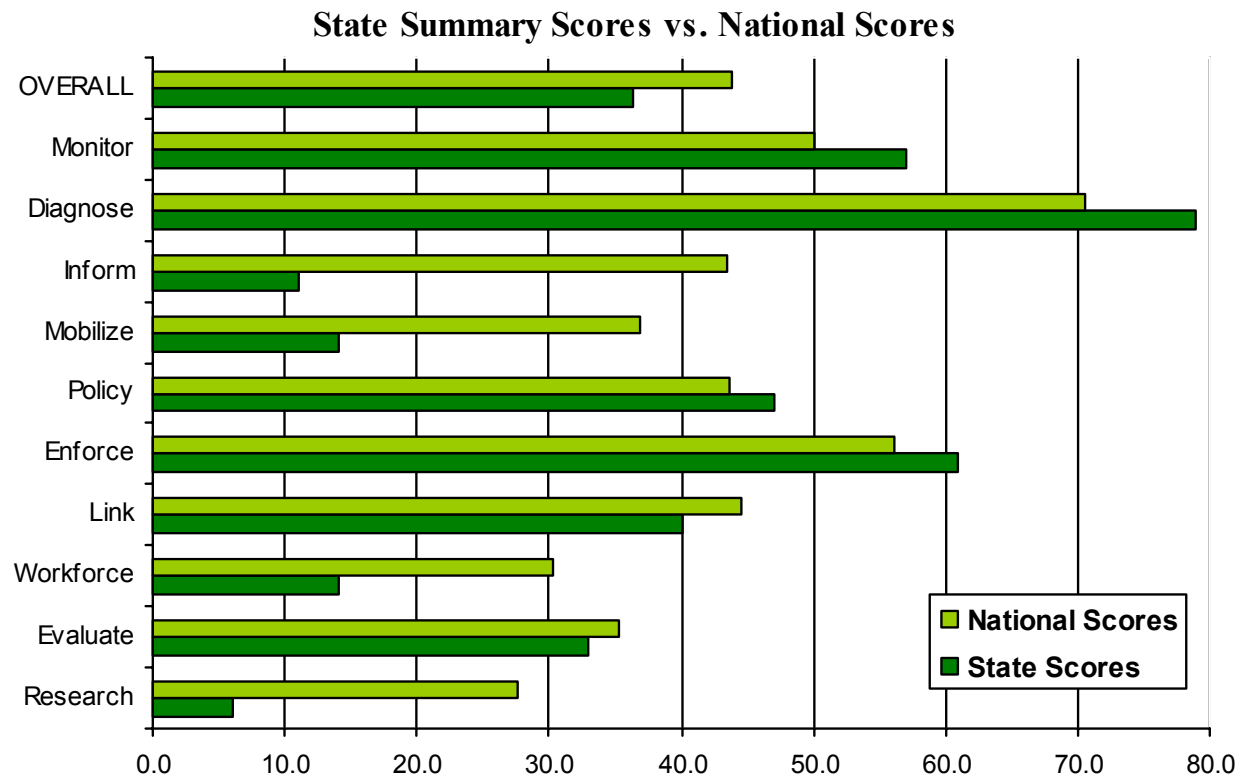
NPHPSP State Public Health System Performance Assessment Instrument

Essential Public Health Service (EPHS) Summary Scores

(Arranged in descending order)



State Vs. National Scores

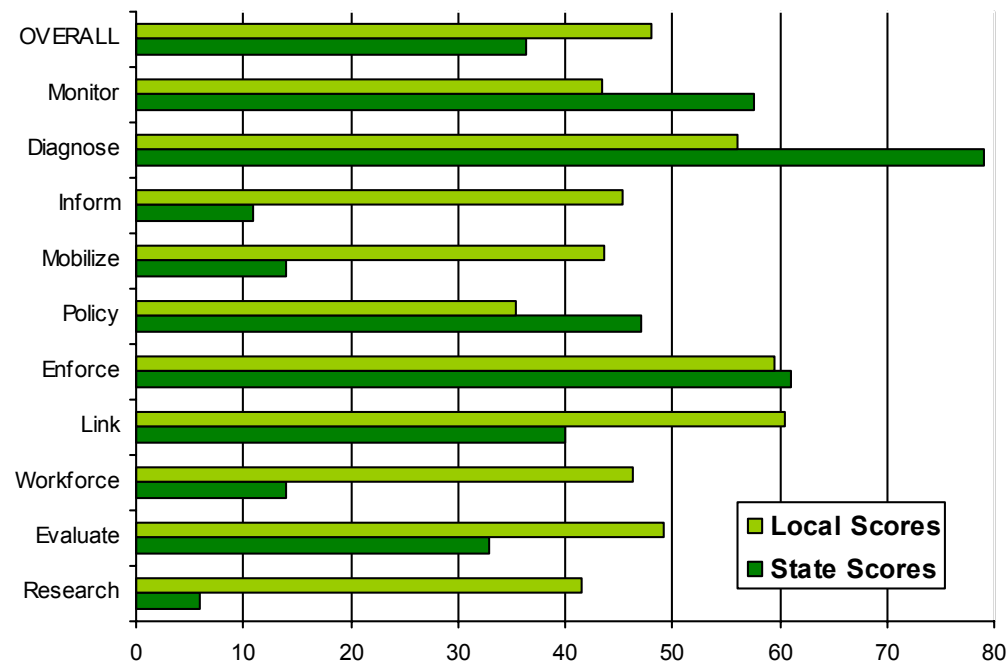


State Vs Local Scores

State and Local Scores Public Health System Scores:

Summary (SPHS) and Average (12 LPHS)

Ten Essential Service Performance Scores





Need to consider subquestions

- For example- while we scored higher on Monitoring Health status than other ES
 - we scored 0 on having a health profile
- Drilling down to the subquestions can help focus- ES 3 for example – Educate
 - Involve the population served in the design and review of health communication
 - Share system-wide resources to implement health communication



Participant Observations

■ Strengths

- Healthy state
- Small state
- Passionately committed individuals
- Resources – academic centers, state agencies, nfp foundations, institutes
- Broad array of services for most ES



Participant Observations

■ Weaknesses

- Lack of a system – fragmentation, lack of coordination, dilutes efforts
- Human capital limitations- limits communication, collaboration, continuity
- Resource information not centralized
- Cultural competency inconsistent
- Need for balance of power between state and local partners



Participant Overall Recommendations

- Broad planning process, widely shared
- Continued momentum of the process
- Improved communication and relationship building with legislators
- Less control from state agencies
- Public health voice in policy
- IRB board
- Create director of evaluation
- State summit with broad input to prioritize



Example of Suggested Priorities by ES

- ES 6 –Enforce Laws and Regulations
 - Training for health officers and models for smaller towns
- ES 8 – Assure a Competent Workforce
 - Increased compensation
 - Replace aging workforce
 - Recruitment into public health
 - Coordinated planning/publicity for lifelong learning

Overall Scores

Some General Questions to Consider:

- *Why does our system look like this?
Why do we perform better in some
areas and worse in others?*



Overall Scores

Some General Questions to Consider:

- *Based on our scores, what public health issues would we expect our system to best address? Examples:*

Tuberculosis

Emergency response

Food safety

Diabetes care costs

Teen smoking

Nursing shortages



Overall Scores

Some General Questions to Consider:

- *What should our state public health system look like to address our state's top priorities?*
- *How should our agency and its roles change to achieve improvements?*

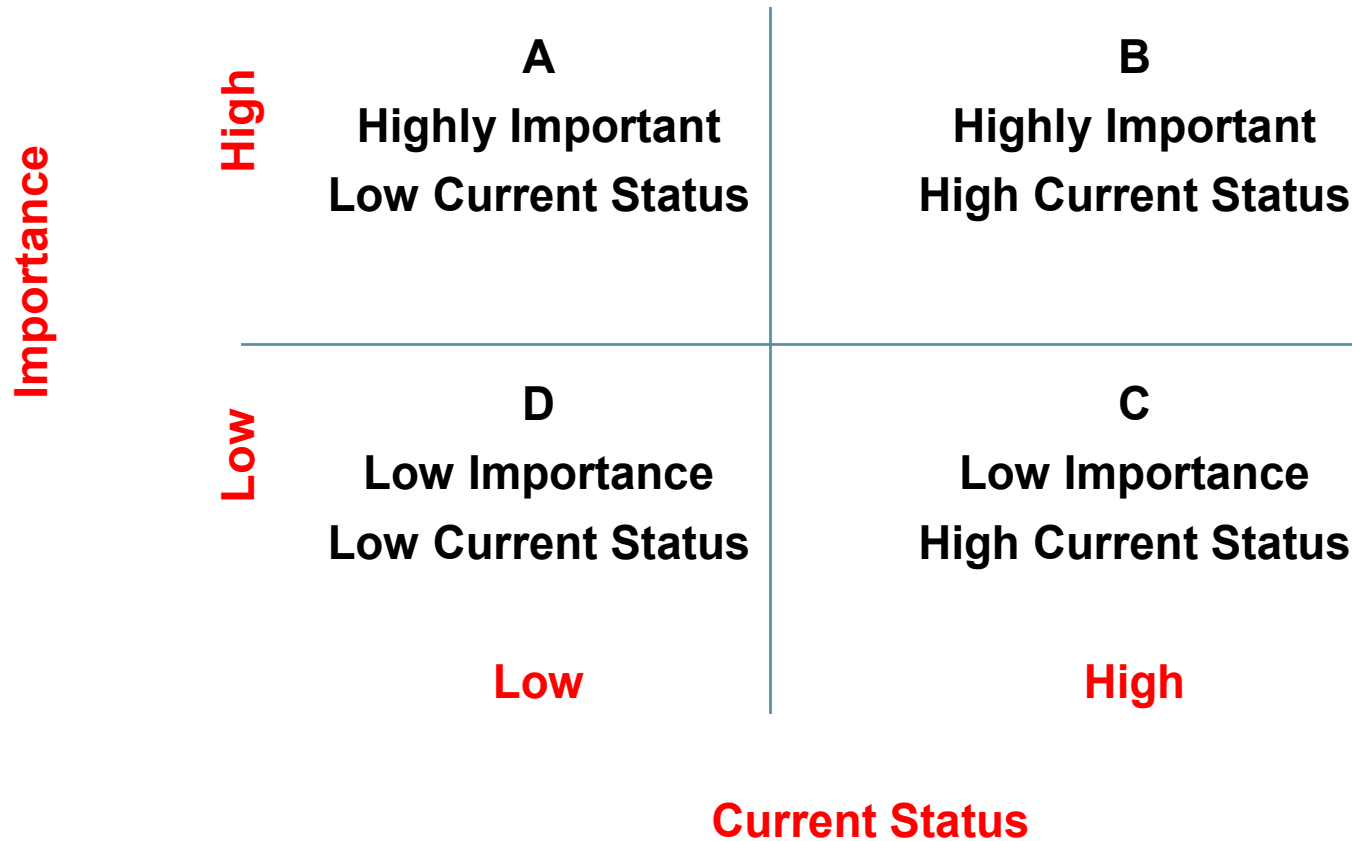




How Do We Move Forward?

- Convene an advisory committee comprised of high level officials and front line staff
- Staffed by DHHS
- First Meeting – Feb 3 PM
- Proposed Membership – see handout
- Chairmanship – shared – DHHS, EFH

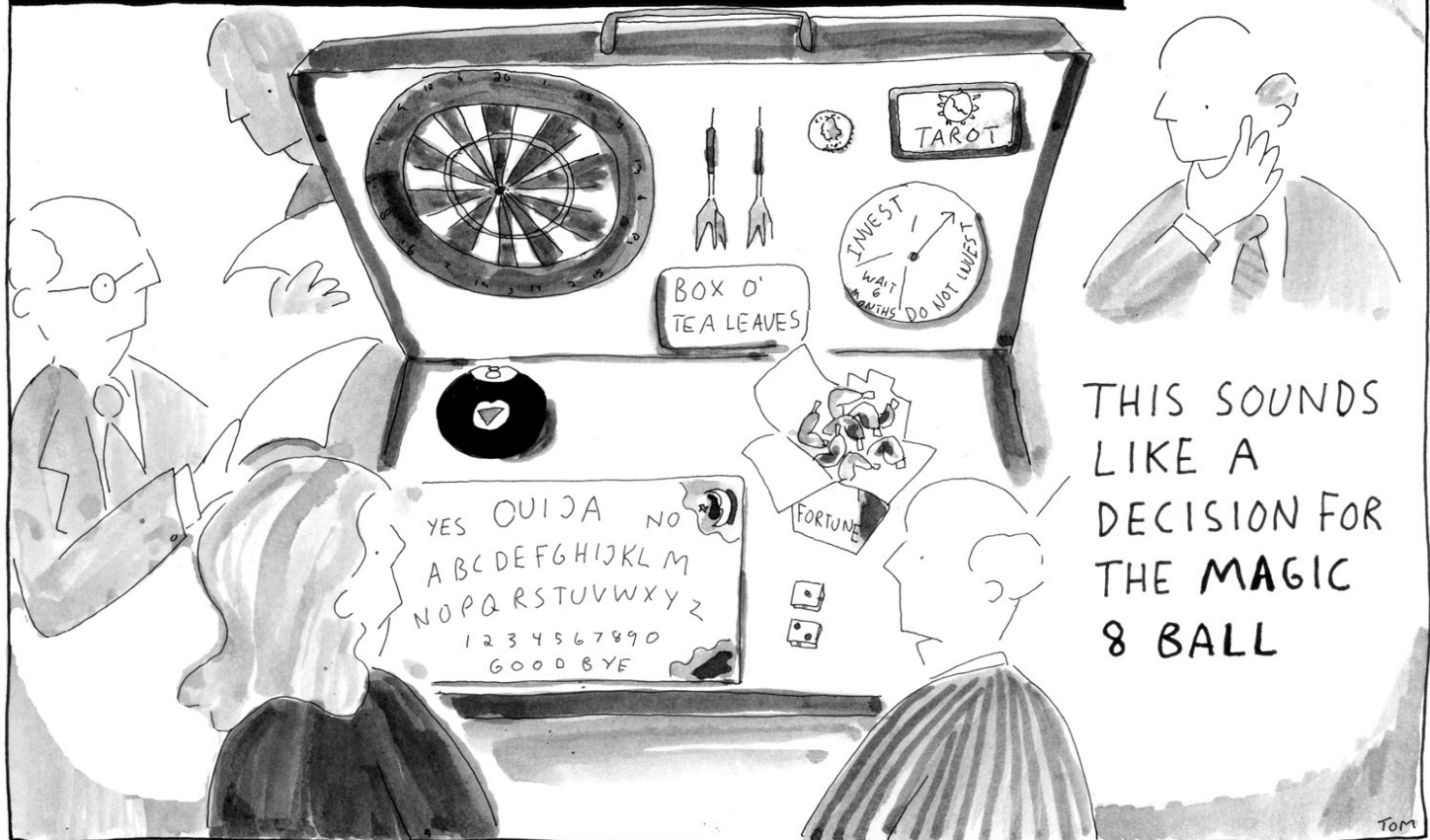
Identifying Priorities: A Tip



BRAND CAMP

by Tom Fishburne

THE SENIOR MANAGEMENT TOOL BOX



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Links with Other Initiatives

■ External

- Citizens Health Initiative
- NH Performance Management Collaborative
- Annotate all strategic plans
- Turning Point

■ Internal

- DPHS Public Health Improvement Team (PHIT)
- Link with other strategic plans
- Performance based contracting



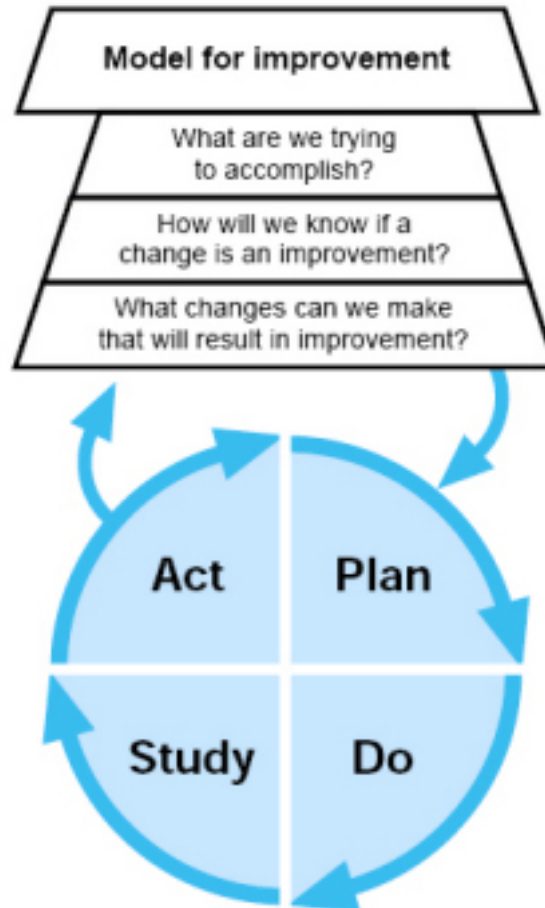
Develop a Public Health Communication Plan

- Specific to this planning initiative
- More broadly to keep public health systems partners in touch with one another



What do we hope to achieve?

- An improved public health system and subsequent health of the public
- Manage short and long-term improvements
- An actionable plan for the public health system with:
 - Clear priorities
 - Action steps
 - Responsible parties
 - Measures to document real improvement
 - Sustainability



Plan, Do, Study, Act

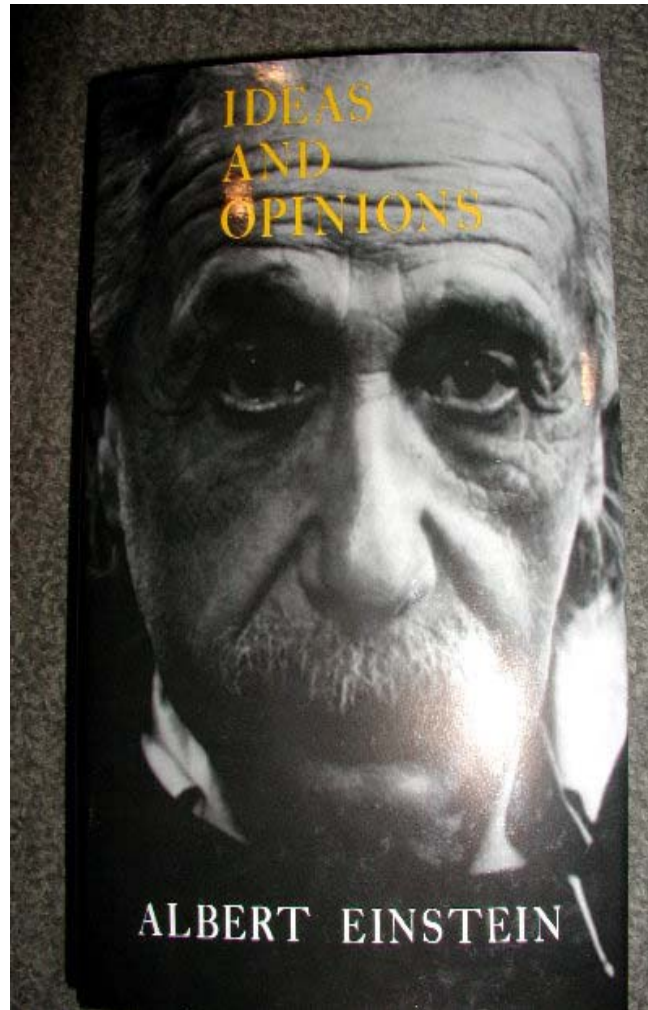
1. Plan - the Change Based on problem identification, analysis and root causes described on the PDSA Worksheet	2. Do – Try the Change on a Small Scale	3. Study – Observe/Evaluate the Results of the Change	4. Act – Refine and Spread the Change
<p>Problem statement defined: 5 NH hospitals fall short of this goal of 95%</p> <p>Performance measure(s) with baseline data:</p> <p>Hospitals will screen and report on 95% of all newborns by the end of their first year of screening.</p> <p>Happy Valley- 75%</p> <p>Gurgling River 89%</p> <p>Providian 84%</p> <p>Mt. Osgood 71%</p> <p>Green Meadows 76%</p>	<p>List change(s) to be implemented:</p> <p>Who, What, When , Where, How?</p> <p>Change # 1</p> <p>Happy Valley and Gurgling River Hospitals will relocate their computers to the newborn nursery by January 2006. Ruth and MJ will work with head nurses on this.</p> <p>Change #2</p> <p>Providian and Mt. Osgood Hospitals will change their standard newborn care orders to include newborn hearing screening by February 2006. . Ruth and MJ will work with head nurses on this.</p> <p>Change #3</p> <p>Green Meadows Hospital will train 2 back-up staff to screen babies and enter data by January 2006. Ruth and MJ will work with head nurses on this.</p> <p>What data will be collected?</p> <p>Who, What, When, Where, How ?</p> <p>The hospitals will continue to submit data on babies screened through the Auris data system. Ruth will monitor % of babies screened on a monthly basis to document change with Auris reports.</p> <p>Ruth will make monthly phone calls to the hospitals to monitor status of changes.</p>	<p>Summarize the analysis of the data</p> <p>March 2006</p> <p>Happy Valley 85%</p> <p>Gurgling River 92%</p> <p>Providian 90%</p> <p>Mt. Osgood 80%</p> <p>Green Meadows 76%</p> <p>Was the change carried out as planned?</p> <p>Happy Valley and Gurgling River moved their computers in early January.</p> <p>Providian and Mt. Osgood changed their newborn care orders in January.</p> <p>Green Meadows has been unable to train back-up personnel due to a nursing shortage.</p> <p>Did you obtain the anticipated results?</p> <p>In all but Green Meadows we are seeing improvement and will continue to monitor.</p> <p>We are working with Green Meadows to identify non-nursing staff to do the screening and data entry.</p> <p>What new knowledge did you gain as a result of this change cycle?</p>	<p>What actions will be taken as a result of this change and evaluation cycle?</p> <p>We will change our protocols and guidelines to recommend computers near the screening area, that newborn orders include newborn hearing screening and that there be at least 2 people trained (can be non-nurses) to do the screening.</p> <p>If successful how will you spread the change?</p> <p>We will make changes as noted above and discuss with hospitals on site visits.</p> <p>What systemic changes and training needs to take place for full implementation?</p> <p>See above</p> <p>What is the plan for ongoing monitoring?</p> <p>Data will be monitored monthly to look for ongoing progress . Monthly phone calls with the hospitals will take place to see if changes are still working.</p> <p>Are there incremental improvements to refine the change?</p> <p>No</p> <p>What improvement opportunities come next?</p>

Making it real

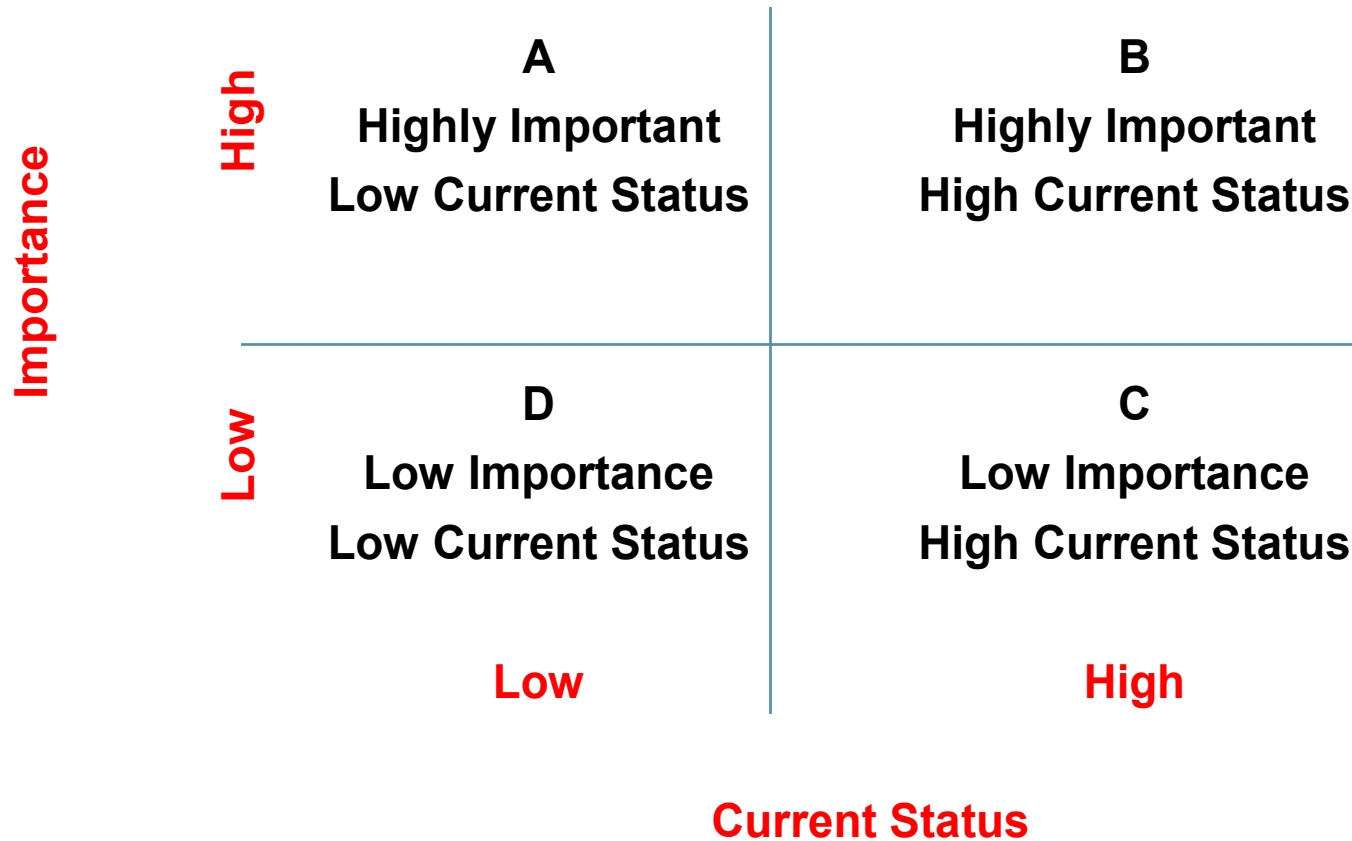
■ NH's perspective



Questions? Feedback? Great Ideas?



Identifying Priorities: A Tip





Future Meeting Dates

- Thursdays 9-12 (3rd except March)
- March 23
- April 20
- May 18
- June 15 (if needed)
- September 21
- October 19
- November 16
- December 21